

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.A	73	06/05/01
O.I.P.E. CLASSIFIER			6/14/01
FORMALITY REVIEW	M.M	920	08-01-01
RESPONSE FORMALITY REVIEW	C.K	1109	11-07-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral).... Canceled
 ÷ Restricted

N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
(20)	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
(31)	✓
32	✓
33	✓
34	✓
35	✓
36	✓
(37)	N
38	✓
39	✓
40	✓
41	✓
(42)	N
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Claim	Date
Final	
Original	
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Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

530
88-01-01
617
11-07-01